**For your own use only**

**No need to submit to ICR**


# CPD Activities Planner

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| Name:  | Date of cover: |
| Membership Number: | No of pages completed: |

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| **Record No** | **What do I hope to learn or improve during the next 12 months?** | **What are the best ways for gaining my target knowledge, competency and/or skills?** | **What learning opportunities (actions) can I access in the next 12 months?** |
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